

if so, of what degree. Now this can be determined in a very few moments in the vast majority of cases—in, I think, as large a proportion as ninety-nine out of a hundred—by measuring the cornea alone, for lenticular astigmatism, although it was the kind possessed by its great discoverer, Dr. Thomas Young, about ninety-five years ago, very rarely exists, and in general considerations it need not be taken into account. Early in the investigations of astigmatism, Donders showed just how much corneal astigmatism the lens would overcome by its oblique position. This observation has been verified by the work of Javal, many others, and myself. In a very large practice in refraction cases in the Manhattan Eye and Ear Hospital for the last three years, my staff and myself have not used a mydriatic, except in the most exceptional cases, for the purpose of testing patients for glasses. We have never had such satisfaction in our prescriptions, and we have relieved our patients of a great loss of time and ourselves of a great burden in work. I commend this method to the respectful consideration of my fellow ophthalmologists. If the ophthalmometer is used, and the difference between the vertical and horizontal meridians of the cornea is once fairly established, the rest of the prescription becomes a matter of a very short time. Besides this, I believe, as I have attempted to show in a paper published in the *Medical Record* (March 26, 1892), that in young persons with asthenopia, caused by an error of refraction, who have as much as a diopter of corneal astigmatism, it will usually be sufficient to correct the astigmatism, and to allow the hypermetropia to be cared for by the ciliary muscle.

NEURASTHENIA.

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(Continued from April No.)

Therefore neurasthenia may affect, in the system, the functions of every organ. It may provoke symptoms of two kinds, symptoms of functional excitement or depression, the two varieties of affections succeeding or alternating to infinity in the same subject. This symptomatic

wealth, this abundance of symptoms, will not be found, one may readily understand, in all cases of neurasthenia. Few patients are affected in all their functions, more often, on the contrary, one or more organs alone become the seat of the disease.

Thence one may conceive the multiplicity of forms which may present themselves to the observation of the clinician. These different forms, related among themselves by the similarity of their symptoms, form their individuality from two chief sources: 1, The cause which provoked neurasthenia and imprinted its marks on the symptoms. 2, The predisposition of organs, every affection, whose localization is indefinite, being directed towards that system which is in a state of relative weakness.

The classifications proposed by authors errs, as a rule, in want of uniformity, a certain number of these divisions having as a base a symptomatic character, others an etiological character, whence the great difficulty of placing certain forms doubly characterized in either category. Beard describes seven forms: 1, cerebrasthenia; 2, myelasthenia; 3, the gastric form; 4, the genital form; 5, traumatic neurasthenia; 6, hemi neurasthenia; 7, hystero neurasthenia. Bouveret recognizes nine varieties. 1, cerebro-spinal neurasthenia; 2, cerebral neurasthenia (cerebrasthenia); 3, spinal neurasthenia (myelasthenia); 4, acute neurasthenia; 5, hereditary neurasthenia; 6, feminine neurasthenia; 7 genital neurasthenia; 8, hystero neurasthenia; 9, traumatic hystero neurasthenia. Levillian seeking to avoid the error we pointed out above, and making the preceding groups his study, proposes two very distinct classifications, the one comprising the clinical varieties (the common cerebro-spinal form, hemi-neurasthenia, cerebrasthenia, myelasthenia, cerebro-gastric neurasthenia, also cerebro-cardiac, and cerebro gastric neurosis, the sexual neurasthenia of Beard) the other uniting the etiological varieties (traumatic neurasthenia, hystero neurasthenia, hereditary neurasthenia, feminine neurasthenia, masculine and occupation neurasthenia. Pitres, pursuing the path of simplification, and taking as an exclusive base the localization of morbid affections, describes only six forms: 1, cerebral; 2, spinal; 3, neuralgic; 4, cardialgic; 5, gastro intestinal; 6, genital.

On our part we accept the classification of